

[Vol. XI.—No. 13.]

Another case was that of a boy of the same age, who was taken sick with the same symptoms, but in this instance it appeared as if the attack was brought on by a fall, which he got from a height of ten feet, about ten hours previous to the time of his first complaining of the pain in his head and back. In a few days, this boy's head was drawn backward, the muscles of his back and neck being contracted as in opisthotonos, the tetanic symptoms continuing until he was unable to swallow even fluids.

These tetanic spasms were not peculiar to his case, but were here more marked, apparently in consequence of the fall above referred to.

His throat was covered with petechiæ, and a few spots were also found on other parts of his body. The eyes were wide open, and the pupils very much dilated. Delirium lasted throughout the greater part of his sickness, but even when rational, he appeared to be unable to distinguish objects around him. Hysterical flows of urine occasionally took place, and after several weeks of great suffering he sank apparently from inanition.

Another very interesting case was that of a boy aged twelve years, who ate a very hearty dinner, and appeared to be in excellent health and spirits when he went to school in the afternoon. In about an hour after this he returned home complaining of an aching in his limbs with severe pain in his head, and had a slight chill followed by fever. His pulse was now frequent amounting to one hundred and thirty beats in the minute; his skin hot and burning; there was nausea and vomiting of bile, and his respiration was short and hurried. Soon after this he sank into a stupor from which he was aroused with difficulty.

My preceptor being called to him in the evening, found him in a comatose condition, lying upon a lounge. While he was sitting beside him, he (the patient) made two complete revolutions, apparently without the moving of a muscle. How to account for this strange involuntary movement, I know not.

Acting under Dr. Corson's directions I gave him stimulants, applied blisters behind the ears, and to the temples, and GRANVILLE's lotion along the whole length of the spine. Under this treatment he was aroused from his stupor, but the pain in his head was not abated. Ice was therefore applied in bladders to the head, and during the next day he seemed somewhat relieved, sleeping most of the time, though in an uneasy, troubled manner,

Finally he became delirious, and so continued for two or three days. During this delirium he would catch at his head, rub it violently, and scream as if in the greatest agony. When asked, in his rational moments, if he suffered any pain, he would always refer to his head, this part in all these cases seeming to be the seat of the disorder. At last, however, he became rational, and for a week or ten days appeared to be approaching convalescence, when he again relapsed into the state of prostration, which first marked his attack and from which he again re-acted under the same treatment. Whilst recovering slowly, the pain suddenly and almost entirely left his head and seemed to be transferred to the lower extremities. So painful did they become, that he would cry out

if touched and could scarce bear the weight of a light cover. After several weeks this sensitiveness wore away, but there was a loss of power in the limbs, and though he ultimately recovered it was a long time before he was able to walk without the aid of a crutch or cane.

In only one other case did this severe pain and complete loss of power in the extremities occur and this was in a young lady, about eighteen years of age. The pain in the limbs was however present at some period in nearly all the cases. This lady was attacked with the disease while sitting at the tea-table, and to all appearances in perfect health. The pain which commenced in the back, soon extended to the extremities of one side followed by a complete loss of power in them. Her recovery was very tedious, and it was many months before she regained her usual strength.

Two cases of this disease in its most malignant character occurred about the middle of April, 1863. These were the cases of two children residing in opposite parts of the town. These children returned from school in the afternoon, apparently in good health, when, in the evening about seven o'clock, one of them had a slight chill and complained of a severe headache and dulness, and the other was taken in the same manner about two hours after the first. So severe was the onset of the disease, that both patients died within twelve hours after first complaining of feeling unwell.

I saw the first case—a little girl seven or eight years of age—half an hour after her death, and found the face, neck, and extremities completely ecchymosed and blotched. The petechiæ had not disappeared, as is sometimes the case before death, and I never saw them so abundant.

I examined them closely to see if I could detect the spots arranged *two by two*, as had been asserted to be the fact by one or two practitioners in our neighborhood; but this was certainly not the condition in this case, nor was I ever able to observe in any of our patients this symmetry.

Summary. In summing up the symptoms of this disease as it prevailed with us, we find them to be as follows: The patients generally first complained of pain in the head, and an aching in the limbs and body, or the pain began in the extremities, and soon afterward attacked the head. Some were attacked by a chill, followed by a hot fever. In other cases there was no chill, but a feeling of cold and numbness over the whole surface. One of the most marked symptoms was the great and sudden loss of strength. There was extreme distress in the epigastric region, and in many cases it was impossible for the patient to retain anything in the stomach. In the worst forms of the disease coma soon set in, and sometimes delirium.

The petechiæ generally made their appearance on or before the second day, without any premonitory symptoms of low spirits, languor, or loss of appetite.

The appearance of the spots and the delirium, were looked upon as very unfavorable signs, as death generally took place a few hours afterwards. The breathing was often irregular, hurried, and laborious. The pulse in the early part of the disease ranged from one hundred and twenty to one hundred and thirty beats in a minute, but in the more advanced stage it generally became intermittent, fluttering, and in some cases so weak that it was scarcely perceptible. The tongue, which at first was clean, soon became furred.

In those cases in which the patient lingered for some time, sordes collected on the teeth. In a few cases there were involuntary discharges of urine, amounting almost to hysterical flows. The head and body was sometimes bent backward as in Opisthotonos. The countenance had a pale expression. In most cases the bowels were constipated.

Pathology. I can say nothing in regard to the pathological appearances of this disorder from personal observation, as I was not fortunate enough to obtain a subject for post-mortem examination; but about eighteen months ago Surgeon L. W. READ, U. S. V., found in the examination of one case that the medulla oblongata was very much congested, and Dr. GERHARD mentions the same lesion in a report read before the College of Physicians of Philadelphia.

Diagnosis. The diagnosis of this disorder was generally easy, the chill, pain in the head, and extremities, nausea and vomiting, sudden loss of strength, frequent pulse, and finally stupor, being highly characteristic.

The differential diagnosis between this disease and typhus, is as follows: Spotted fever *does not appear to be contagious* like typhus, as it was only in a few instances that it attacked more than one in a family, and in no case with us did the nurse contract the disease. In one or two instances patients had a second attack, and the greatest number of cases occurred in *persons under twenty years of age*.

There is no peculiar odor in spotted fever except that given off in cases where a constant dribbling of urine occurs.

The spots of this fever appear within the first twelve hours, and not later than the second day, and there are no premonitory symptoms of low spirits, languor, loss of appetite, etc.

There was no resemblance between this disease and scarlet fever, no soreness of the throat, nor rash or eruption of any kind, except the petechiæ before mentioned; neither was there ever dropsy or desquamation.

Prognosis. The prognosis was always serious, as the apparently mildest cases terminated fatally.

Etiology. The etiology of this disorder is unknown.

An article on Spotted Fever, written by ELISHA NORTH, is to be found in the *Medical Repository* of 1812, and the disease as described by him, bears a striking resemblance to the malady which prevailed with us.

By comparing the symptoms described by NORTH with those of cerebro-spinal meningitis as described by Dr. WOOD in his *Treatise on the Practice of Medicine* a wonderful similitude will be found to exist, at least as much as could be expected in an epidemic which occurs at long intervals.

Treatment. Before closing this imperfect account I would state in regard to the treatment of spotted fever, that purgatives have been found to be productive of more harm than good, and that those cases did best where even mild laxatives were not used for several days. When first called to a case we generally administered brandy, or carbonate of ammonia, applied blisters to the temples and back of the ears, and GRANVILLE'S lotion along the spine and also to the stomach. The last named article we found to be of great value, as it acted much more promptly than the blisters.

Our principal reliance is, I am satisfied, to be placed in stimulants, counter-irritants, and tonics. In the after-treatment of these cases much must necessarily depend upon the judgment of the practitioner, in applying such remedies as are indicated by the symptoms that present themselves.

Hospital Examining Board.

The Hospital Examining Board of which Lieutenant-Colonel S. H. LATHROP, Assistant Inspector-General is President, Surgeon GEORGE SUCKLEY, U. S. V., and Captain J. BENKARD, A. D. C., members, returned from the West to Washington, on the 11th inst. Since the organization of the Board it has examined over one hundred hospitals, and sent several thousand men to duty. It is quite probable the Board will be sent South. The beds in the United States General Hospitals North and West are not half filled.

Convalescent Hospital in this City.

Assistant Surgeon SAMUEL A. STORROW, U. S. A., has been ordered to relieve Dr. KNICKERBOCKER, as Surgeon-in-charge of the Convalescent Hospital, Sixteenth and Filbert streets. Dr. STORROW was for some years a practising physician in Washington city, and was appointed to the army in August, 1861, since which time he has been mainly employed in the field.

Sudden Death of a Surgeon.

We regret to learn that Dr. MILSON T. ORTON, Hospital Surgeon, while making his usual calls upon his soldier patients at Hatteras Inlet, N. C., on the morning of the 2d of February, fell dead. A true Christian, an able surgeon, and an honest patriot, his sudden removal will be widely deplored. Dr. ORTON'S home was Lawrenceville, Pa.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 26, 1864.

ENLARGEMENT AND INCREASE OF PRICE.

From the 1st of May next, the MEDICAL AND SURGICAL REPORTER will be enlarged by the addition of several pages of reading matter, and the subscription price will be increased to FIVE DOLLARS per annum.

It has been our firm purpose to resist all temptations to raise the subscription price of the REPORTER, though again and again urged to do so, and thus conform ourselves to an almost universally prevalent law. A strict adherence to sound business principles would have impelled us to this course long ago, but we endeavored to avoid it by reducing the size of the REPORTER to an extent necessary to enable us to meet the increased expenditures. We find, however, that in so doing, we have cramped our own energies, done injustice to contributors, and impaired the usefulness of the REPORTER.

But we are compelled to give heed to other considerations than that of merely maintaining the existence of a low-priced journal. *It is absolutely necessary that we increase the size of the REPORTER in order to relieve the pressure on our columns.* We have now on hand valuable material enough for several numbers, and it is rapidly accumulating. At the present cost of publishing it is utterly out of the question for us to give more reading matter at the present rate of subscription. The expense of publication has increased enormously, and we see no prospect of speedy relief. Since the first of January last our paper and printing bills have each been increased *twenty per cent.*, to which is added ten per cent. on other items, making a total of *fifty per cent.* increase in cost of publication since this year came in.

The necessity therefore of enlarging the REPORTER to accommodate valuable communications, involves the necessity of increasing the subscription price.

Of course this increase does not necessarily affect those who have already paid beyond May, but only those whose subscriptions are not yet

paid, and those which become due after the enlargement takes place.

Subscribers will observe that during the month of April we will receive subscriptions at the old rates to the end of this year, but *after May they must be at the rate of FIVE DOLLARS a year.*

This enlargement will enable us to accommodate contributors, and increase the efficiency and usefulness of the REPORTER. In the end, the change will be a very great gain to the profession.

THE AMERICAN MEDICAL ASSOCIATION.

In another column we publish a call for the Fourteenth Annual Session of the American Medical Association which meets in the city of New York on Tuesday, the 7th of June next.

The call is published thus early, in order to reach members of the profession in all parts of the country in sufficient time to enable them to notify the Committee of Arrangements of their intention of being present, and to make their own calculations accordingly, and to give societies that have not yet appointed their delegates, ample time to do so.

We urge it upon all our readers to exert their influence to have a full representation of the profession of the country present at this meeting. We are assured that the Committee of Arrangements and the profession of New York will not be wanting in giving them a hearty welcome. They will make provision for a large meeting, and we trust that the chairmen of the various committees and the profession generally, will see to it that the literary character of the meeting shall maintain the high character the Association has already earned.

The meetings that have already been held in the city of New York, have been occasions of great interest, and the profession of that city has extended a most cordial welcome to their professional brethren from abroad. We must be pardoned, however, if we caution our friends in New York against a waste of money in making extravagant preparations to receive the Association. Let there be a "feast of reason and a flow of soul," let there be social reunions, and let such attention be shown their guests as common polite-

ness will dictate, but in these sad times, when a wicked rebellion is tasking to the utmost the resources of the nation, and weighing heavily on every man, let there be no waste of money in mere outside show. A welcome will be just as cordial, and we will say as acceptable to the profession over a frugal board as over one groaning with all the luxuries of the season.

There is a good deal of unfinished business of former meetings that should be called up and disposed of at this meeting. On another occasion we propose to collate this unfinished business. It may serve to remind some who may have forgotten the duties that have been assigned to them.

One matter of importance that will come before this meeting of the Association, is the appointment of a Permanent Secretary. This involves an amendment of the constitution. In our view the best interests of the Association and the profession will be subserved by giving that body a character of permanence in having a Permanent Secretary, and also in other respects which we propose to discuss on a future occasion.

We here give the Standing Committees of the Association for the current year, and again urge it upon all delegates to notify the Committee of Arrangements through their chairman, *at as early a day as possible*, of their appointment, and the societies, etc., they represent.

Committee of Arrangements.—Drs. James Andrews, M. Blakeman, T. M. Markoe, T. C. Fennell, Austria Flint, Jr., E. S. F. Arnold, J. H. Griscom.

Committee on Prize Essays.—Drs. D. F. Condie, Pa.; E. Wallace, Pa.; Wilson Jewell, Pa.; E. R. Peaslee, N. Y.; Alfred Stillé, Pa.

Committee on Medical Education.—Drs. J. C. Dalton, N. Y.; M. L. Linton, Mo.; John Frissell, Va.; Howard Townsend, N. Y.; W. H. Byford, Ill.

Committee on Medical Literature.—Drs. L. M. Lawson, Ohio; E. L. McGugin, Iowa; Wm. Maybury, Pa.; H. Noble, Ill.; John Homans, Mass.

Committee on Publication.—Drs. F. G. Smith, Chairman; Caspar Wistar, Edward Hartshorne, Pa.; H. F. Askew, Del.; S. G. Hubbard, Conn.; H. A. Johnson, Ill.; Guido Furman, N. Y.

Committee on Insanity.—Drs. Ralph Hills, Ohio; C. H. Nichols, D. C.; D. P. Bissell, N. Y.; S. W. Butler, Pa.; John S. Butler, Conn.

Dr. GUIDO FURMAN, No. 126 West Twenty-fifth street, N. Y., is the Secretary, to whose address communications should be sent by delegates.

HEALTH OFFICER IN NEW YORK.

We are pleased to learn that Dr. JOHN SWINBURNE, of Albany, whose contributions to the surgical literature of the country have been so well and favorably known, has been nominated

and confirmed as Health Officer for the Port of New York. Dr. SWINBURNE's qualifications for the position, are of the first order, and the appointment is in every way creditable to the authorities of that State. This is one of the most important medical positions in this country, and requires much intelligence and good administrative qualities for the proper performance of its duties. Those who know Dr. SWINBURNE know that he possesses these in an eminent degree.

The administration of Dr. GUNN, who has held the position, we believe, for four years, has, so far as we know, given satisfaction, and he gives way we suppose to the principle of rotation in office, and not in consequence of either dereliction of duty or political necessity.

"SPOTTED FEVER."

The great interest attached to the disease familiarly known as "Spotted Fever," which is prevailing so extensively throughout the country, has induced the Faculty of the University of Pennsylvania to publish the interesting and meritorious Inaugural Thesis by Dr. BEAVER found in this issue of the REPORTER. We also publish in this number extracts from several communications on the subject, and cannot but hope that others will give to the profession their experience and observation in the treatment and *post-mortem* appearances of the disease.

DEATH OF DR. FRANKLIN BACHE.

Dr. BACHE, one of the most eminent physicians of Philadelphia, died after a brief illness on the 19th inst.

He was in the seventy-second year of his age, having been born in Philadelphia in 1792. During the greater part of his long and industrious life he was professionally connected with various public institutions of our city. At the age of eighteen he graduated at the University of Pennsylvania as bachelor of arts, and four years afterwards received his degree in the medical department of the same institution. After spending a year in the army as surgeon's mate, and two years as full surgeon, he resigned his commission and commenced practice in this city. From 1824 to 1836 he was Physician to the Walnut Street Prison; from 1826 to 1832 a Professor of Chemistry in the Franklin Institute; from 1829 to 1839 Physician to the Eastern Penitentiary; from 1831 to

1841 Professor of Chemistry in the Philadelphia College of Pharmacy; and in 1841 he was appointed a Professor of Chemistry in the Jefferson Medical College.

This last mentioned position he held during the remainder of his life, and performed the duties connected with it in the most active and efficient manner.

Professor BACHE was also formerly President of the American Philosophical Society, and at the time of his death, was President of the Deaf and Dumb Asylum. He has written a number of valuable works on Medicine and Chemistry, of which the United States Dispensary, by Dr. GEORGE B. WOOD and himself, is the most celebrated. As a member of the Publishing Committee of the United States Pharmacopœia, he also contributed much of the most valuable matter contained in that work.

His labors extended almost to the date of his death, his last illness being quite short. He attended to his duties during the whole of the last session of the Jefferson College, and was even at the party which was given on the evening of the last commencement of that institution, on the 10th of this month.

Professor BACHE was the eldest son of the eldest grandchild of BENJAMIN FRANKLIN, a brother of Colonel HARTMAN BACHE, of the United States Engineer Corps, and a first cousin of Professor A. D. BACHE, Superintendent of the Coast Survey. A daughter and four sons survive him, three of his sons being in the Government service.

By the death of Professor BACHE Philadelphia loses a learned and scientific physician, one who did much toward maintaining her character as a centre of medical knowledge.

Notes and Comments.

Annual Medical Register of New York.

Dr. GUIDO FURMAN proposes to recommence the publication of the Annual Medical Register of the city of New York originated by the late Dr. GEO. H. TUCKER. The following is from the prospectus of the work:

"A new volume for 1864-'65, will be issued about the first of June next, and will contain a large amount of additional matter on subjects of practical interest to the Medical Profession. It is designed to render this work, as far as possible, a complete repository of reliable information, on all matters of interest to Practitioners of Medicine in this city and its environs. A brief mention of a few of the subjects which it will contain, will probably furnish a better idea of the general scope of the work than could be given in any other way.

It is intended to contain: The name, residence, and office hours, of every REGULAR PRACTISING PHYSICIAN in this city, AS FAR AS THEY CAN BE ASCERTAINED; an account of the various hospitals, dispensaries, infirmaries, medical colleges, and societies, with their respective officers for the current year; a Street Directory, with special reference to the convenience of Physicians; a brief account of the laws of this State, relating to Coroner's Inquest's and the disposal of Insane persons; a Calendar, indicating the days of meeting of the different medical societies; Medical Necrology for 1862 and '63, etc., etc., etc.

It is designed to issue a revised edition of this work about the first of June of each year; the price not to exceed one dollar per copy."

Such a work is much needed in Philadelphia, and we have long contemplated preparing one. We may possibly be able to turn our attention to it this year.

Transactions of the American Medical Association for 1863.

Many inquiries are being made for the Transactions of the Meeting of the American Medical Association, held last year at Chicago. They should have been issued last fall, but knowing the great cost of material and labor, and the scarcity of laborers, we have not been surprised at some delay. It seems, though, as if time enough had elapsed to have the transactions distributed to members by this time. Up to this time we have neither received our press copy, nor our copy as a permanent member of the association, nor any call upon us for our annual contribution to its funds. The work must, however, have issued from the press, as we hear that permanent members have received notice to forward money to pay postage on their copies (some-thing new in the way of book dealing), and the *Boston Medical and Surgical Journal* acknowledges the reception of a copy. On the 21st inst. a prominent officer of the association had neither seen or heard of the Transactions, and writes to us for information concerning them. We should like to give it. What is the matter?

Our Vaccine Exchange.

Our Vaccine Exchange continues to be a source of very great accommodation to the profession. It is now very generally known that subscribers to the REPORTER on sending us a stamp to pay return postage are furnished free of cost, a supply of fresh vaccine virus immediately, if we have it on hand, or as soon as we can get a supply. The only condition we require is a return of the compliment, so that we can supply others on the same liberal terms. We fear there is carelessness sometimes on the part of subscribers in making

the proper return, as our supply has on several occasions become entirely exhausted, and we have had to purchase at an outlay of as high as \$1 50 per scab. We are aware that our supply has sometimes proved inert. This it will sometimes do unaccountably. In such cases we will always respond to a second application. One applicant from Ohio writes that he had failed with a scab for which he had paid two dollars. Such always has been the experience of the profession. We have been under obligations in several instances to physicians for a supply, who had received none from us, but who appreciated the service we were rendering the profession. In several instances we have found that we had a surplus stock on hand. In such cases we have sent a lot to the Surgeon-General, a free will offering from the profession, for the use of the army. Not long since we were able to send fourteen whole scabs.

Army Origin of Cerebro-Spinal Meningitis.

A correspondent writes "I have been a surgeon in one of the Pennsylvania regiments, and have observed the same malady (referring to what is termed "Carbondale Fever" in the northern part of this State) in the army. It existed to a considerable extent among the soldiers of the Army of the Potomac about Falmouth, one year ago, and was known there as "congestive chill."

Another correspondent, writing from Crawford county, Pa., says: "The Spotted Fever" has made its appearance in this vicinity. In one instance its advent was rather singular. A number of young persons were at the house of a returned soldier, and a few days after five of them, within an area of two miles, were almost simultaneously attacked by cerebro-spinal meningitis. Of these, two were paralyzed on the right side, and lost the right eye, and all have recovered."

We have given up a large part of this number of the REPORTER to the subject of "Spotted Fever," to the exclusion of very valuable communications, hospital reports, periscope, foreign correspondence, etc. Our proposed enlargement will enable us to do better by our contributors than we have hitherto been able to.

Erratum.

In the notice of the commencement of the Bellevue Hospital Medical College, N. Y., in the REPORTER of March 12th, it was Rev. Dr. CHAPIN of the Board of Trustees who made an address, and not Dr. CHEEVER.

Correspondence.

DOMESTIC.

ON ANÆSTHESIA.

Anæsthesia; Wm. T. G. Morton and his knowledge of the discovery of Wells; of its verification by experiment, and of its introduction into dental and surgical practice at Hartford.

EDITOR MED. AND SURG. REPORTER:—

While the deeply interesting events which I have depicted were transpiring at Hartford, while one of the most astonishing secrets of nature was being detected and dragged to light, and while dentists and surgeons were performing with means alike effective and harmless feats almost miraculous, and the fact was being blazoned forth and made as notorious as that the State House stood on the public square, or that the celebrated Charter-oak was in its vicinage, how was the distinguished Wm. T. G. MORTON occupied? Had he no knowledge of such wonderful developments? No suspicion of their occurrence? Had some anæsthetic been applied to paralyze all his powers physical and mental? Or was he wide awake flying about (as he now pretends) after the very thing which WELLS had already brought out at Hartford? I am strongly inclined to think that some bird came flying along, and whispered into the Doctor's ear a slight intimation as to the purport and effect of the WELLS' discovery or possibly the idea was insinuated while he was in a mesmeric state into his mind, by some mysterious agency! At any rate he had it, and the question is where it came from? I think I can satisfy every candid reader on this point.

1. In 1841 or 1842 MORTON came from the West and settled at Farmington (only nine miles west of Hartford) as a dentist. He became a pupil of Dr. WELLS and was accustomed to come into Hartford for instruction, and also to obtain the assistance of Dr. WELLS in getting up work. He married his wife at Farmington. Subsequently, as I believe in 1843, he removed to Boston and WELLS formed a copartnership with him to practice dentistry in that city, which he (W.) not long after dissolved for reasons no doubt quite satisfactory to himself. MORTON therefore was intimately acquainted with WELLS and it is not at all probable that he would be either inattentive or indifferent to events occurring at Hartford particularly when intimately connected with his own profession.

2. It is admitted on all hands that, WELLS toward the close of December, 1844, that is to say in less than twenty days after he made his great discovery, went to Boston for the purpose of making the fact known to the medical and surgical faculty there. Who would he be more likely to call on than his former pupil and late partner MORTON? In the

pamphlet published by Dr. WELLS in 1847, he makes the following statement. "Being a resident of Hartford, Conn., I proceeded to Boston in December of the same year" (meaning December, 1844,) "in order to present my discovery to the medical faculty, first making it known to Drs. WARREN, HAYWARD, JACKSON, and MORTON, the last two of whom expressed themselves in the disbelief that surgical operations could be performed without pain, both admitting that the *modus operandi* was entirely new to them." Dr. MORTON, in his memoir to the French Academy of Arts and Sciences, states that Dr. WELLS did make the visit to Boston at the date and for the purpose alleged by him. That he (M.) assisted him in securing an opportunity to test the correctness of his theory and the validity of his discovery. That WELLS extracted for some person a tooth while under the influence of the nitrous oxyd, but "the patient screamed from pain and the spectators laughed and hissed." But Dr. C. A. TUFT, then a medical student and present, swears that "the patient halloed some during the operation, but on his return to consciousness, said he felt no pain whatever" * * Dr. TUFT adds, "I regarded the operation at Boston, above described as successful, and as proving the truth of Dr. WELLS' theory." In his pamphlet Dr. WELLS states "I was then invited to extract a tooth for a patient in the presence of the medical class, which operation was performed *but not with entire success*, as the gas bag was removed too soon."

Your readers can hardly fail to notice the scrupulous exactitude of Dr. WELLS in stating facts, and here I cannot deny myself the satisfaction of presenting another testimonial as to his character in this and other respects. Dr. ABEL BALL, dentist, of Boston, swears: "I always regarded Dr. WELLS as a man of uncommon talents. He was very enthusiastic, possessed a philosophic and inventive mind, *was very conscientious*, and his character was without a blemish as far as I know."

I will only add further in this connection, that the partial failure of Dr. WELLS on the occasion alluded to, constitutes the only foundation on which the persistent claims of both JACKSON and MORTON rest, that the anæsthetic experiments of WELLS were a failure, and that he accomplished nothing. It would be extraordinary indeed, if in the vast multitude of cases in which the nitrous oxyd has been used there were not some of an equivocal character and even some in which it did not take effect at all. I believe, however, that the number both of the one and the other have been much less than have occurred in the use of any other anæsthetic agent. But a truce to these collateral matters as my object now, is to show, by direct and circumstantial evidence, that MORTON was at an early date thoroughly informed on the subject of the WELLS discovery, and ultimately became convinced of its validity. It is true he, in the first instance, did not believe in it, and in candor I must admit that his incredulity (considering the novelty of the idea and the remarkable

character of the result) is not a matter of surprise much less of reproach. But he knew that WELLS was not a visionary theorist, and that he could rely implicitly on his word; hence having had his attention directed to and fixed on the subject, it is not at all probable that he would lose sight of it; nor did he, as will appear by evidence, to be now presented.

3. In the subsequent part of the same pamphlet, Dr. WELLS says: "After I had made the discovery I had frequent interviews with him," (meaning MORTON,) "and he being aware that I had relinquished my professional business in consequence of a protracted indisposition, requested me to instruct him how to prepare the gas which I had been giving so successfully in Hartford, stating that he wished to make a trial of it in Boston. As this interview was in Hartford, I told him to request Dr. CHARLES T. JACKSON (with whom we were both acquainted) "to prepare him some of it, as he was a chemist. Accordingly Dr. MORTON went to Dr. JACKSON for the gas, who gave him the ether as being attended with less trouble."

Can there be a particle of doubt as to the truth of this statement? Of course Dr. WELLS would hardly be disposed to prepare the gas (a bulky article) at Hartford to be used in Boston. He made a reply alike appropriate and sensible—"Go at once to Dr. CHARLES T. JACKSON, he is a chemist, he will prepare the article for you." And MORTON went. Accordingly JACKSON, knowing that the nitrous oxyd and the vapor of sulphuric ether produced analogous effects on the human system, "gave him the ether as being attended with less trouble." I suppose Dr. WELLS made the last statement on information and belief that all the other facts were within his own personal knowledge. Did Dr. MORTON have frequent interviews with Dr. WELLS on this subject? Did the former request the latter to prepare for him some of the nitrous oxyd for the purpose stated? Did WELLS send MORTON to JACKSON to prepare it for him? I am not aware that he (M.) has ever denied or controverted these statements, and were he to do so, I should believe them none the less. It is admitted that MORTON did go to JACKSON, but they do not agree as to what transpired, the former claiming that his only object was to pick up a little secreted information, and the latter, that he put him in possession of all the knowledge he ever had on the subject. But they soon burst upon the world as the joint authors of anæsthesia. No wonder that poor WELLS, after narrating the above facts, should exclaim (as he does) with some bitterness "*these are the individuals who now claim to be the discoverers!!!*"

4. In the deposition of G. Q. COLTON (from which I have already made an extract) he says further: "I soon after left Hartford" (meaning soon after he administered the gas to Dr. WELLS, December 11, 1844) "and did not hear anything more on the subject till I saw a few weeks subsequent a paragraph going the rounds of the papers announcing that Dr. WELLS was extracting teeth without pain, and I

stated on several occasions in connection with that paragraph how and when the discovery originated." It seems, then, that Dr. WELLS' discovery got into the newspapers and went "the rounds" or in other words obtained universal publicity. If we assume that Dr. WELLS partially failed at Boston, here is an annunciation of complete success at Hartford. Would the fact be likely to escape the notice of Wm. T. G. MORTON?

5. In the *Boston Medical and Surgical Journal* of June 18th, 1845, may be found a communication from Dr. P. W. ELLSWORTH "on the modus operandi of medicine" from which I take the following extract: "The nitrous oxyd gas has been used in quite a number of cases by our dentists during the extraction of teeth, and has been found by its excitement, perfectly to destroy pain. The patients appear very merry during the operation, and no unpleasant effects follow." More publicity! and that, too, in Boston! and no less than fifteen months before the extraction of FROST's tooth. I strongly suspect that some just ideas touching the reality of the WELLS discovery commenced about those days to percolate through his cranium and ere long reached his brain, and became so fixed as to give shape and direction to his future course, whether to his credit or discredit need not be considered here.

6. Mrs. ESTHER W. WALTON, of Sherbrook, Canada East, swears (after speaking of a dental operation which she had had performed at the office of Dr. MORTON, in January, 1845,)—"I was within hearing of a conversation between Dr. WELLS and Dr. MORTON relative to the discovery of an agent by Dr. WELLS, whereby he had been and was enabled to extract teeth without occasioning pain. This discovery Dr. WELLS communicated to Dr. MORTON at this interview" (meaning that he then made known to him in substance at least, what it was.) "In the early part of the conversation the precise words of which I cannot recall, Dr. MORTON made light of it, treating the subject as chimerical. This incredulity on the part of Dr. MORTON seemed to touch the feelings of Dr. WELLS, and induced him to remark 'I have done it and can do it again.'"

7. OSWIN R. ROBERTS, of Hartford, Conn.—

"Dr. Wm. T. G. MORTON called at our office this winter, prior to January 1st, 1853, and had a long conversation with us respecting the discovery of anæsthetic agents." * * "Dr. MORTON stated he took his idea from WELLS' use of the nitrous oxyd gas, but that the gas failed, and he went on perfecting the discovery until it resulted in the use of sulphuric ether!"

"Took the idea from WELLS," good so far! but nitrous oxyd failed! Fortunately the ipse dixit of Wm. T. G. MORTON cannot settle that question! "Went on perfecting the discovery! which was no discovery after all, as it failed! Until he ran the whole affair into the inhalation of the vapor of ether! the two substances being in their effects well known equivalents for each other! Verily, MORTON must

hereafter be recognized as the Columbus of the Scientific world!!

8. In conclusion, I will present extracts from two depositions, the first from the deposition of Dr. GRENVILLE G. HAYDEN taken and approved by Dr. MORTON before the select committee of which Col. BISSELL was chairman, (First Session, Thirty-second Congress) and the second from the deposition of Dr. JAMES MCINTYRE taken and offered by Dr. JACKSON before the select committee of which the Hon. Mr. EDWARDS was chairman. (Second Session Thirtieth Congress).

In the first deposition Dr. HAYDEN, among other things, testifies as follow:

"That about the last of June, 1846, Dr. Wm. T. G. MORTON called upon me at my office No. 23 Tremont Row, and stated to me that he wished to make some arrangements with me that would relieve him from all care as to the superintendence of those employed by him in making teeth and all other matters in his office. He stated as a reason for urging me to superintend his affairs in his office that *he had an idea in his head* connected with dentistry which he thought would be one of the greatest things ever known, and that he wished to perfect it and give his whole time and attention to its development. Being extremely urgent in this matter I made an engagement with him the same day according to his request. I then asked him what his secret was. 'Oh,' said he, 'you will know in a short time.' I still insisted on knowing it, and he finally told me the same night, to wit: the night of the last day of June, 1846, aforesaid, that it was something he had discovered which would enable him to extract teeth without pain. I then asked him if 'it was not what Dr. Wells, his former partner, had used,' and he replied 'Nothing like it,' and furthermore that it was something that neither he nor any one else had ever used."

Here is, in substance, an explicit acknowledgment by Dr. MORTON, that he, at the date named, was not only well informed as to what anæsthetic agent WELLS had been and was using, but also as to its nature and properties, for otherwise how could he declare (as he did peremptorily) that he contemplated introducing another agent *entirely unlike it*.

In the second deposition Dr. MCINTYRE testifies as follows:

"In the month of September, 1846, I was a student in chemistry with Dr. CHARLES T. JACKSON, of Boston. In the latter part of September I was sitting in the front room or office of Dr. JACKSON's laboratory, when Mr. Wm. T. G. MORTON came in and asked for Dr. JACKSON, and passed through the office into the house adjoining the laboratory. In a short time MORTON came into the back room with an India rubber bag in his hands. Dr. JACKSON came in with him, or shortly afterwards. Dr. JACKSON asked MORTON what he wanted with the bag. He said he wanted to blow up the bag, and act upon a patient's imagination by making her breathe from the bag. The precise words of MORTON's answer I do not remember, but the purport of it was, that he wanted

to extract some teeth from a lady who objected on account of the pain, and that he expected, by making her breathe from the bag, to believe that she would suffer no pain from the extraction of her teeth."

* * * "There was then some conversation about the use of exhilarating gas; whether it was first mentioned by Dr. Jackson or Morton I do not remember. Morton asked him if he (M.) could not make it. Dr. Jackson told him that he could not succeed without apparatus and the assistance of some one who had some chemical knowledge, and that if he undertook to make it, he would get nitric oxyd instead of nitrous oxyd. He asked Dr. Jackson if he would not prepare some for him. This Dr. Jackson declined on account of his business." * * *

"As he was going Dr. JACKSON told him that he could tell him something that would make his patients insensible, and then he could do what he had a mind to with them. MORTON asked him what it was. Dr. JACKSON then told him to go to BURNETT's and get some pure sulphuric ether, and pour it on a handkerchief, and put it to the patient's mouth, and let her inhale it. MORTON asked what sulphuric ether was,—what sort of looking stuff it was. I staid in the front room while MORTON and JACKSON went to look at the ether. From MORTON's questions about the ether, I am satisfied he knew nothing about its properties or nature. I heard MORTON ask JACKSON very particularly whether it would be safe to use. Dr. JACKSON assured him that it was perfectly safe, and alluded to the students at Cambridge having used it. MORTON appeared to be afraid to use the ether, and asked him several times if it was safe. Dr. JACKSON advised MORTON to try it on himself. MORTON asked me if I would be willing to try it. I told him I would." * * *

"The next day after the above conversation MORTON came into the office and told Dr. JACKSON that the ether had worked nicely—that the patient suffered no pain." In these statements the witness is fully sustained by the testimony of Dr. GEO. O. BARNES, also adduced by Dr. JACKSON on the same occasion, and on the facts thus disclosed, I submit the following remarks:

1. MORTON went to JACKSON to obtain the very instrument which WELLS had been using for near two years at Hartford, in administering the nitrous oxyd, to wit: an India rubber bag.

2. He carried with him the idea of inhalation, and adverted to it early in the interview. No doubt he looked very grave when he told Dr. JACKSON that he was about to inflate the bag with common air to operate on the imagination of a reluctant patient, and not on her nerves of sensation; and, no doubt, he was as frank, sincere, truthful, and honest in making this statement as he usually has been when speaking of anæsthesia, or any subject connected with it.

3. Although common air was on his lips, yet it is quite obvious that the nitrous oxyd and the wonderful success which had attended it, was on his mind. He therefore commenced talking about it. I say "As

commenced," notwithstanding Dr. MCINTYRE says he does not recollect who introduced the subject. Obviously Dr. JACKSON had no occasion to advert to it.

4. It is morally certain that MORTON called on JACKSON on the occasion named, in conformity with the recommendation of WELLS, and for the purpose contemplated by them both at Hartford. Why so much disingenuousness? Had he then conceived the idea of appropriating the WELLS discovery to his own use?

5. Dr. JACKSON seems to have interrogated him very closely as to the use which he proposed to make of the India rubber bag, and was not quite prepared to swallow his "common air" humbug, and this led to a little cross interrogation by MORTON. He wanted to know whether he (MORTON) could not prepare the nitrous oxyd, to which Dr. JACKSON properly replied in the negative, as he knew nothing about chemistry, and would be in danger of producing the nitric oxyd (a rank poison) in place of the nitrous oxyd. He then requested Dr. JACKSON to prepare some for him, which that gentleman was obliged to decline by reason of other engagements.

6. It is quite apparent that Dr. MORTON went to Dr. JACKSON's office under an idea that if he could get an India rubber bag, he could contrive in some way to fill it with the nitrous oxyd, and if he could have done so surreptitiously so much the better for his purpose. But finding this impracticable he spoke out as to the fact;—he wanted to use the nitrous oxyd to obviate the pain (often exquisite) resulting from the extraction of teeth. At this juncture Dr. JACKSON suggested the substitution of the vapor of sulphuric ether as being likely to produce the same effect. This was no discovery on the part of JACKSON. Any tyro of chemistry under the same circumstances would have done the same thing.

7. It is certain that this interview between MORTON and JACKSON must have taken place either on the 29th or on the 30th of September, 1846, for Dr. MCINTYRE says that "the next day after the conversation, MORTON came into the office and told Dr. JACKSON the ether worked nicely—that the patient suffered no pain." Now FROST's tooth was extracted on the 30th, just at dark, and it is not probable that MORTON reported the result to JACKSON the same evening. If we assume that the report was made on the succeeding day, that is to say, October 1st, then the interview with JACKSON must have been on the 30th so that MORTON obtained the information from JACKSON (as to the substitution of the vapor of ether for the nitrous oxyd) and the ether itself from BURNETT's, and extracted FROST's tooth, all on one and the same day, and this, I am satisfied, was the fact.

8. Whether MORTON had any real knowledge at the date specified, of those intoxicating or exhilarating substances, the nitrous oxyd and sulphuric ether, it will not be difficult to infer from the statements of

Dr. McINTYRE. He seems to have been a complete ignoramus as to both.

In conclusion, I will only say that the many considerations which I have adduced under this head of inquiry, must as I conceive be abundantly adequate to bring every upright intelligent mind to the conclusion that MORTON must at all times, and particularly in the summer and fall of 1846, have been well informed, touching the inception of anaesthesia at Hartford, and its full development there. *He knew that anaesthesia had been brought out! had been made practical! and that the conception of Wells in all its deeply interesting proportions had been revealed to the community in which he resided, and must soon be revealed to the world—a magnificent reality.*

A LOVER OF TRUTH AND JUSTICE.

"SPOTTED FEVER."

EDITOR MEDICAL AND SURGICAL REPORTER:

A disease of a peculiar type has prevailed in our section of country, and so far has proved fatal in all cases.

I will give you a history of the case, the first which has occurred in my hands, hoping I may receive some light on a proper course of treatment. Prejudices prevent post-mortem examinations, a great hindrance to the progress of medical science. If the disease has come under the notice of any of your readers who have been favored with post-mortem examinations, I would like to see an account published in the REPORTER.

History of the case, Feb. 21, 1863. Was called to see a little boy three years old last December; fine, hearty, robust constitution; no external signs of scrofula, and up to the day previous had enjoyed good health. About ten o'clock, night before he was taken with vomiting; could not tell whether there was any chill. Had some fever next day, but not thinking him much sick the family did not call in medical aid until about five o'clock, P. M., the next day. Such was the history up to the time I saw him, at which time there was a hot skin, full, strong pulse, some complaint of sore throat. The throat showed no great inflammation; tongue slightly red along the end and sides, middle of a dark color; head nothing unusual as to heat; eyes a peculiar expression, which I cannot describe.

Was called again about eight o'clock of the same evening. As I was entering the room spasm commenced, I cannot say convulsion, as there was no frothing of the mouth nor clenching of the teeth. The eyes were wide open, a distressed expression of countenance, more like a child about to cry, than anything else, with the peculiar noise, not a cry nor a scream, that accompanies acute meningitis, but showing intense agony; skin very hot all over the body; head more hot than any other part; swallowing out of the question, as nothing put into the mouth was taken into the stomach; pulse of a death flutter, and at times entirely gone. At the greatest contractions the head was thrown back, hands and feet bent upward, but at the least relaxing the head assumed its natural position.

This state of things continued for about two hours when death terminated the conflict. What I want to know is, the course of treatment most likely to relieve the patient. I must confess in twenty years practice I have seen nothing of the kind.

INQUIRER.

SPRINGBORO, OHIO, Feb. 23, 1864.

EDITOR MEDICAL AND SURGICAL REPORTER:

The disease which has prevailed extensively in Carbondale and adjacent towns, has been known hereabouts as the "Spotted" or "Black Fever." It is not unlike the epidemic which prevailed in Vermont and other New England States, in 1814, or about that time, and is the same as described by several of your correspondents in various parts of the State.

Practitioners here differ somewhat in regard to the nature and cause of the malady. The majority consider it to be "Cerebro-Spinal Meningitis" of miasmatic origin, and of course epidemic. Others admit the prevalence of the epidemic "Cerebro-Spinal Meningitis" which they say comes in contact with an endemic typhus, hence highly contagious. This latter theory seems to be more ingenious than probable.

In this locality (sixteen miles from Carbondale) it has prevailed to a considerable extent, and like scarlatina shows itself in various degrees of severity. Some attacks destroy life in a few hours, while others are slight, disappearing with little or no medication at all.

Grave cases are ushered in by a violent chill evidencing a sudden congestion of the brain, death oftentimes supervening before reaction is established. If the disease still continues then comes on inflammation of the membranes of the brain and spinal cord terminating usually before the tenth day, generally in death.

Post-mortems reveal the usual appearance of the membranes after death from "Cerebro-Spinal Meningitis" added to this the *kidneys and liver are loaded with fat globules.*

Treatment has as yet been very unsatisfactory. In my practice I have administered the sulphate of quinine as a preventive to fifty-two persons, children and adults, none of whom have had any symptoms of the malady. The disease has almost entirely disappeared.

A. D., M. D.

HYDE PARK, LUZERNE CO., PA., March 1, 1864.

For the following letter we are indebted to the courtesy of Dr. J. E. TODD connected with the *Public Ledger* of this city, to whom it was addressed. [ED. MED. AND SURG. REP.]

MY DEAR DOCTOR:—

The epidemic, for it may be so-called, prevailed in this county in 1854-1856, more extensively in the latter year. The mortality was very general and in many cases very sudden, so that all treatment was abandoned as useless. In other cases the treatment,

although varied, *pro re nata*, was generally unsuccessful.

Quinia and opium seemed to have the best effect combined with wine given very freely. The quinia must be given in full doses dissolved in aromatic sulphuric acid and wine vehicle. *Quinia is your sheet anchor.* If the case admitted, a full dose of calomel with opium and bicarbonate of soda in the early stage in a bilious diathesis would be advantageous, the system sustained by suitable agents.

The post-mortem revealed a complete degeneration or softening of the cerebellum; a *perfect illustration of the typhus crasis*, and of the pyæmic species, so accurately described by ROKITANSKI, the genuine cerebro-spinal meningitis as you have diagnosed. But the question naturally arises here—what is cerebro-spinal meningitis? Is it primary or secondary; is it a lesion of the blood; *is it in fact a blood disease?* To him who would dip *beneath the surface* of disease manifestation, the solution is of absorbing interest.

I should be happy to learn whether post-mortem examinations have been made in Philadelphia, and if so, whether the microscope has been used; for the microscope *only* can reveal the real pathological condition of the diseased cerebellum.

It is to be hoped that this opportunity will not be let pass without a critical microscopic examination of the lesions to be found in the track of a disease so full of special interest to the profession. The professional ability with which your city abounds together with the aid of the microscope in experienced hands cannot fail to throw additional light on one of the most interesting subjects in our profession.

JAMES FORAN, M. D.

SYRACUSE, N. Y., March 11, 1864.

News and Miscellany.

Public Health of the City of New York.

'At a meeting of the "Citizens' Association of the City of New York," held on the 29th ult., a committee composed of some of the most eminent residents of that city was appointed to confer with the medical profession in order to obtain from them the fullest and most reliable information relative to the public health. They accordingly addressed a letter to some of the prominent physicians of New York, which elicited the following reply:

NEW YORK, March 9th, 1864.

To the Committee on Sanitary Inquiry, &c., of the Citizens' Association of New York.

GENTLEMEN:

In replying to your letter of inquiry requesting information concerning the public health of this city, we would briefly state a few leading facts relating to the rate of mortality in this community, and also, refer to some of the conditions of insalubrity among us.

The city of New York ought to be one of the most healthy cities in the world, for no other large city is favored with greater natural advantages of locality and climate, and probably no city has a greater influx

of a vigorous and healthy population, from the rural districts and from foreign countries.

But a fearfully HIGH DEATH-RATE prevails in this city. This is the sure criterion of the public health, and it is the most reliable test of the sanitary condition of any populous community. Extensive observation proves that it is not difficult to state about what proportion of deaths in great cities may properly be attributed to PREVENTIBLE DISEASES, and consequently what may be properly regarded as a necessary and inevitable rate of mortality in such a population.

The highest medical and statistical authorities of Europe have shown the propriety and importance of such estimations in vital statistics.

The total number of deaths in the city of New York, during the year 1863, according to the City Inspector's Returns, was 25,195! This is equal to *one death in every thirty-five* of the inhabitants, estimating the population of the city last year at 900,000.

According to Dr. E. M. SNOW, the distinguished Health Officer of Providence, Rhode Island, the mortality in the following six neighboring cities, during the year 1863, may be stated, as follows:

	Estimated Population.	Deaths 1863.	Of population one in
New York.....	900,000	25,196	35.7
Philadelphia.....	620,000	14,220	43.6
Boston.....	194,000	4,698	41.3
Newark, N. J.....	85,000	1,950	43.5
Providence.....	55,000	1,214	45.3
Hartford.....	32,000	583	54.8

It is not for us to state what the rate of mortality in New York should have been, under proper sanitary regulations, the past year, but we would present a few facts to show the results of improvements in the sanitary government of great cities, which, with natural advantages of salubrity, far inferior to those of New York, have been rescued from a condition of fearful insalubrity, and rendered far more healthful than our city now is.

Previous to the establishing a good Sanitary Government, the annual rate of Mortality was—

In London.....	1 in 20
In Liverpool.....	1 in 28
In Philadelphia.....	1 in 39
In New York,	
At present.....	1 in 35
do. average of last ten years	1 in 32½

The rate of Mortality in the same Cities, with the present system of Sanitary Government, has been—

In London.....	1 in 45
In Liverpool.....	1 in 44
In Philadelphia.....	1 in 44 to 1 in 57

While in the city of New York the death-rate has increased from 1 in 46½, (in the year 1810) to 1 in 35, as the present time.

Facts like these should arouse the attention of all persons who feel an interest in human welfare, or in the prosperity of our city. Yet we would point to the high death-rate that prevails in the city simply as a reliable index to the physical sufferings, the want, the neglect, the sickness, the orphanage and pauperism, with which such excessive mortality is always associated.

The fact that any considerable excess of mortality above a proper and inevitable death-rate, arises from causes that may and should be prevented by sanitary regulations, is now admitted by all intelligent physicians and social economists.

By means of suitable sanitary regulations, and a faithful and competent administration of such laws, the rate of mortality in this city ought to be very greatly reduced. The experience of other great cities and the teachings of sanitary science, warrant the opinion that the present rate of mortality may be reduced fully THIRTY PER CENT. Such a reduction would save from 7,000 to 10,000 lives in the city during the present year. But the saving of this vast number of precious lives is not the only, nor is it the

greatest benefit that would result to the health and welfare of the city by means of suitable sanitary government.

It is a medical and statistical fact that for every death in a large community there are at least *twenty-eight* cases of sickness. This would give, in the population of our city, *upwards of two hundred thousand cases of preventible and needless sickness every year!* This conclusion is fully warranted by the statistics of our public charities, and by medical observation, and it is based upon broad enquiries and generalization respecting sickness and mortality in Great Britain, as stated by Dr. Lyon Playfair, a distinguished authority.

It is a maxim in the medical profession that it is far easier to *prevent* disease than to *cure* it, and it certainly is far more economical to do so. And when we remember that the great excess of mortality and sickness in our city, occurs among the *poorer classes* of the population, and that such excessive unhealthiness and mortality is a most prolific source of physical and social want, demoralization and pauperism, the subject of needed sanitary reforms, in this crowded metropolis, assumes such important bearings and such a vast magnitude as to demand the most serious consideration of all persons who regard the welfare of their fellow-beings, or the best interests of the community.

We need not represent to you the great interest which every other city and town in our country has, in the question of health and disease in this great emporium of commerce, nor need we, as physicians, speak of the official abuses that prevent sanitary improvement and good government. When pestilential diseases visit this city, the impotence of the existing sanitary system is confessed, and the people are panic-stricken, while the interests of commerce suffer by the insensible and certain *loss of millions.*

In the final report of the Aldermanic Committee on Public Health, of which Ex-Gov. E. D. MORGAN was the Chairman, in the cholera season of 1849, the fact is stated that, "New York is destitute of a Sanitary Police worthy the name." Again, the chief officer of the so-called Sanitary Bureau of the City Government, in his annual report in the year 1861, asks, "How is this state of things, which marks with shame the great city of New York, to be remedied?" And he answers, "The power of remedy does not rest in me, nor in the departments over which I have the honor to preside."

Small-pox, and other infectious and loathsome diseases, are allowed to prevail and be diffused continually in all parts of the city; the worst causes of fevers and other fatal maladies, are being continually generated in the crowded habitations of the poor; while from this, as a radiating centre of disease, the poisons of death, that are so abundant here, are diffused widely throughout the entire country.

We will not extend this statement, but would conclude by saying that the sacredness of human life and the inestimable value of health are incentives that can be relied upon to secure the co-operation of all true physicians in your efforts to promote sanitary reforms.

Respectfully yours,

VALENTINE MOTT, M.D., 1 Gramercy Park,
WILLARD PARKER, M.D., 37 East 12th st.,
ISAAC WOOD, M.D., 68 East 17th st.,
JAMES R. WOOD, M.D., 2 Irving Place,
JAMES ANDERSON, M.D., 30 University Place,
WM. C. ANDERSON, M.D., 3 Union Square,
ELISHA HARRIS, M.D., 823 Broadway,
ISAAC E. TAYLOR, M.D., 13 West 32d st.,
EDWARD DELAFIELD, M.D., 2 East 17th st.,
JOSEPH M. SMITH, M.D., 11 East 17th st.,
JOHN O. STONE, M.D., 27 East 23d st.,
CHAS. HENSEL, M.D., 20 East 14th st.,
JOHN H. GRISCOM, M.D., 42 East 29th st.,
STEPHEN SMITH, M.D., 55 West 34th st.,
and others.

Army and Navy News.

Appointments.

D. D. McKee, of Indiana, to be Hospital Chaplain, U. S. A., April 22d, 1864, station, Baltimore, Md.
Charles Karsner, of Pennsylvania, to be Hospital Chaplain, U. S. A., February 23d, 1864, Germantown, Pa.
John W. Reger, of Virginia, to be Hospital Chaplain, U. S. A., February 29th, 1864, Grafton, Va.

Discharges, Dismissals, &c.

On the recommendation of a Board, convened by Special Orders 285, War Dep't series of 1863, and by direction of the President, Ass't Surgeon Gerhard Saal, U. S. Vols., is honorably discharged from the service of the United States, on account of physical disability, to date March 12th, 1864.

Hospital Steward Oscar Palmer, 2d U. S. Sharpshooters, discharged to enable him to accept the appointment of Ass't Surgeon, same regiment.

Hospital Steward Augustus F. Pletzker, U. S. Army, dishonorably for drunkenness and neglect of duty.

Surgeon E. L. Fenham, 10th Missouri Cavalry, dismissed by direction of the President, for absence without leave.

Ass't Surgeon John Claypole, 2d Delaware Vols., discharged, having declined to appear before a Board of Examination convened under Section 10, Act of Congress, approved July 22d, 1861.

Surgeon Wm. F. McCurdy, 87th Pennsylvania Vols., dismissed by direction of the President, he having been published officially February 24th, 1864, for absence without proper authority, and having failed to appear before the Military Commission in Washington within the prescribed time.

Hospital Steward David J. Bossier, U. S. A., to enable him to accept a commission in a Pennsylvania regiment. Honorably discharged.

Surgeon David Larrabee, 54th New York Vols., examined by a Military Board, and an adverse report thereof, in his case having been approved by the President is discharged in accordance with Section 10, Act of Congress, approved July 22d, 1861.

Leave of Absence.

Surgeon G. M. Ramsey, 93th New York Vols., has been granted twenty days leave.

Surgeon Charles McMillan, U. S. Vols., and Ass't Surgeon W. P. Grier, U. S. Army, have been granted permission to visit Washington, D. C.

Surgeon W. M. Chambers, U. S. Vols., has been granted fifteen days leave, to visit Charleston, Ill.

Assignments to Duty.

Surgeon I. M. Alder, has been detailed as member of a Board to convene at Davenport, Iowa, for the examination of applicants for commissions in the Invalid Corps.

Hospital Chaplain F. G. Carver has been assigned to the Clay General Hospital, Louisville, Ky.

Hospital Chaplain W. W. Meach, U. S. A., to the General Hospital, Bowling Green, Ky.

Ass't Surgeon W. M. Notson, U. S. Army, to duty as member of the Board now in session at Washington, D. C., for the examination of non-commissioned officers for promotion in the Regular Army.

Surgeon C. C. Dumreecher, U. S. Vols., now on duty at San Juan Island, W. T., will report in person to the Commanding Officer, Fort Vancouver, W. T., to relieve Surgeon R. A. Christian, U. S. Vols. Surgeon Christian on being relieved will at once report in person to the Commanding General, Dep't of the Susquehanna for assignment to duty.

Surgeon Charles McMillan, U. S. Vols., has been assigned to temporary duty in the Department of the East.

Surgeon Henry A. Martin, U. S. Vols., to duty as Surgeon in Chief of Contrabands at Newbern, N. C.

Miscellaneous.

The Desmarres General Hospital, (Eye and Ear Infirmary,) Washington, D. C., has been closed and the patients transferred to Philadelphia.

The Crittenden General Hospital at Louisville, Ky., has been closed.

The following officers have returned from leave and resumed their duties:

Surgeon John H. Bayne, U. S. Vols., as Post Surgeon at Fort Washington, Md.

Surgeon T. R. Spencer, U. S. Vols., as Surgeon in charge, 2d Division, General Hospital, Alexandria, Va.

Surgeon E. W. Thurm, U. S. Vols., as Surgeon in Chief, 3d Brigade, 3d Division, 11th Corps, Army of the Cumberland.

Surgeon Josiah Curtis, U. S. Vols., has arrived at Knoxville, Tenn., and is waiting orders.

Surgeon J. C. Dorr, U. S. Vols., is relieved from duty in the Army of the Cumberland, and will await the acceptance of his resignation at Medford, Mass.

Acting Ass't Surgeon Jacob Badley, U. S. A., to Branch No. 1, Eruptive Hospital, Louisville, Ky.

ANSWERS TO CORRESPONDENTS.

Correspondents will please notice our reiterated request to give their full address in their communications to us. Our correspondence is very extensive, and it is necessary for us always to know the Town, County and State from whence their letters are sent.

Dr. P. W. C., Wis.—HABERSHAM on the Alimentary Canal and CHAMBERS on Digestion and its Derangements are both excellent works on diseases of the digestive organs. HABERSHAM's is the latest work. But CHAMBERS' is the most elaborate.

Dr. H. C. A., Mich.—Your books were mailed on the 22d.
Dr. J. M. C., West Va.—Your book was mailed on the 22d.
Dr. J. K., Iowa.—Your book and instrument were sent by mail on the 25th.

MARRIED.

ANDERSON—SMALL.—In Portland, Maine, on the 9th inst., at St. Stephen's church, by Rev. Wm. S. Perry, Wendell A. Anderson, Surgeon 3d Regt. Md. Vet. Vols., and Miss Susie M., daughter of Mr. John G. Small, of Boston.

KERR—DEIBERT.—On the 17th inst., by the Rev. Eli Huber, at the residence of the bride's father, Schnykill Haven, Pa., Dr. Geo. Kerr, of Philadelphia, and Miss Christle A. Deibert.

TREADWAY—GILSON.—In this city, March 19th, by the Rev. Father Strobel, Frederick S. Treadway, M. D., U. S. A., of New Haven, Conn., and Margaret Gilson, of this city.

WATT—BOOTH.—On the 6th, by the Rev. T. W. Thomas, Pastor of St. Paul's M. E. Church, at the parsonage, Dr. Robert T. Watt, and Mrs. Elizabeth Booth, both of this city.

DIED.

ALLISON.—In this city, on Tuesday morning, 15th inst., Mrs. Frances Allison, widow of the late Dr. N. S. Allison, aged 73 years.

BACHE.—On Saturday, March 19, 1864, Franklin Bache, M. D.

FLINT.—In Louisville, Ky., March 19, of apoplexy, Dr. Joshua B. Flint. Dr. Flint was Emeritus Professor of Surgery in the Louisville University; he was a native of Chelsea, Mass.

GRIFFIN.—In this city, on the 17th inst., Lydia R., wife of Dr. Edwin Griffin, in the 55th year of her age.

OBITUARY.

John Redman Cox, M. D.

Dr. COXE, died in this city, March 23d, in the 91st year of his age. He was the oldest graduate of the Medical Department of the University of Pennsylvania, in which institution he was for many years a Professor. He was born in Trenton, New Jersey, on the 16th of September, 1773. He was educated in Philadelphia, under the charge of his grandfather, Dr. John Redman, until his 10th year, when he went to England, where he remained at school until his 17th year, when he went to Edinburgh to complete his classical education; while there he attended a course of medical lectures at the University. He returned to America in 1790, and at once commenced the regular study of medicine with Dr. Benjamin Rush, with whom he remained until 1794, when he received his diploma. While with Dr. Rush, he was actively engaged in practice during the severe visitation of the yellow fever, in 1793, at which time three of his five fellow students died of the fever.

Immediately after graduating, he went again to London, where he became a house pupil at the London Hospital, and remained there nearly a year. He then went again to Edinburgh, where he attended a course of lectures at the University. He then went to Paris, where he pursued his medical studies for three months, and then returned to London, where he spent several months in the hospitals. He then returned to the United States, and settled in Philadelphia in the winter of 1796-7, when he at once entered upon the active practice of the profession for which he had been so carefully preparing himself by many years of study.

Dr. COXE was appointed, by the Board of Health, physician to the port during the second visitation of the yellow fever, in 1798. He was for several years one of the physicians of the Pennsylvania Hospital, and also of the Philadelphia Dispensary.

He was largely engaged in private practice, when, in 1809 he was elected Professor of Chemistry in the University of Pennsylvania, from which chair he was transferred, in 1818, to that of materia medica and pharmacy, which he held until 1835.

For many years he has been leading the quiet and retired life of a student.

Dr. COXE was one of the earliest introducers of vaccination into the United States, and was the first to introduce it into this city. His name has for more than half a century been a household word in connection with the hive syrup (*Syrupus Scilla Compositus*, U. S. P.) which he invented, and which has proved such an inestimable blessing to thousands.

He has passed away quietly, without disease, at the advanced age of ninety years and six months, having never been sick in all that time.

METEOROLOGY.

March	14,	15,	16,	17,	18,	19,	20,
Wind.....	N. W.	W.	N. W.	N.	N.	N. E.	N.
Weather.....	Clear.	Sho'y, Rain, High, Hail, Snow.	Cl'dy, Wind.	Cl'dy.	Clear.	Cl'dy.	Cl'dy.
Depth Rain...		1-10					
Thermometer							
Minimum.....	38°	28°	24°	23°	28°	29°	29°
At 8 A. M.....	38	42	30	32	38	35	36
At 12 M.....	44	47	33	40	50	45	43
At 3 P. M.....	48	47	34	41	53	50	48
Mean.....	42.0	41.0	30.2	31.5	42.2	39.7	37.1
Barometer.							
At 12 M.....	30.1	30	29.9	30	29.8	29.9	29.9

Germantown, Pa.

B. J. LEEDER.

MORTALITY.

	Philadelphia, Week ending March 19.	New York, Week ending March 21.	Baltimore, Week ending March 21.	Boston, Week ending March 19.	Providence, Month of February.
Pop'l'n. (estimated.)	620,000	1,000,000	240,000	180,000	52,000
Mortality.					
Male.....	222	117	71	37	33
Female.....	173	138	55	47	34
Adults.....	182	255	51	43	33
Under 15 years.....	201	231	71	41	33
Under 2 years.....	110	141	27	29	9
Total.....	395	498	126	84	66
Deaths in 100,000.....	62.90	49.80	52.50	46.66	127.17
American.....	297	310	...	64	51
Foreign.....	76	188	...	20	3
Negro.....	20	18	26	1	3
ZYMOTIC DISEASES.					
Cholera, Asiatic.....	...	...	...	...	...
Cholera Infantum.....	...	...	...	...	...
Cholera Morbus.....	...	...	...	...	...
Croup.....	12	18	13	6	9
Diphtheria.....	2	5	...	...	...
Dysentery.....	7	22	7	...	...
Erysipelas.....	1	4	...	1	...
Fever, Intermittent.....	6	3	1	2	...
Fever, Remittent.....	...	1	...	...	...
Fever, Scarlet.....	...	...	...	...	...
Fever, Typhoid.....	1	19	7	5	...
Fever, Typhus.....	11	4	3	1	...
Fever, Yellow.....	17	29	...	...	...
Hoop-cough.....	...	...	...	...	...
Hooping-cough.....	4	4	1	...	...
Measles.....	2	...	3	...	...
Small Pox.....	4	4	15	2	...
Syphilis.....	1	...	...	1	...
Thrush.....	...	...	...	...	...
SPORADIC DISEASES.					
Albuminuria.....	...	5	...	...	...
Apoplexy.....	2	7	...	1	...
Consumption.....	35	83	13	13	...
Convulsions.....	16	31	...	3	...
Dropsy.....	2	16	4	2	...
Gun-shot Wounds.....	5	...	...	...	...
Intemperance.....	4	4	...	...	...
Marasmus.....	16	16	...	1	...
Pleurisy.....	...	3	1	2	...
Pneumonia.....	37	58	10	2	...
Puerperal Fever.....	1	5	...	...	...
Scrofula.....	...	...	...	...	...
Violence and Acc'ts.....	6	14	3	6	...

* Under 5 years.

NOTICE.

American Medical Association.

The Fifteenth Annual Meeting of the "American Medical Association," will be held in the City of New York, commencing Tuesday, June 7th, 1864, at 10 o'clock, A. M.

Proprietors of medical journals throughout the United States and their Territories are respectfully requested to insert the above notice in their issues.

GUIDO FURMAN, M. D.,

126 West 25th St., N. Y.

Secretary.